



District of Columbia Health Information Exchange Policy Board
Monthly Meeting Minutes

September 18, 2013
2:00 p.m. – 4:00 p.m.

Members present (11): James K. Costello, Angela Diop, N.D., Victor Freeman, M.D, Bernie Galla, R.N., Douglas M. Garland, Jr., MS, PharmD, Brenda King, R.N., Barry Lewis, M.D., Tony Pillai, Raymond Tu, M.D., Robert B. Vowels, M.D., and Cleveland Woodson.

Members present via teleconference (4): Jamal Chappelle, Wayne McOwen, Sonia Nagda, M.D., and Machel Yingling Schraeder.

Members absent (6): Barbara Bazron, Ph.D., Marina Havan, Julius W. Hobson, Jr., Brian R. Jacobs, M.D., Robin C. Newton, M.D., and Arturo Weldon.

DC-HIE Staff present (5): Alessandra Klug, Esq., LaRah Payne, ScD, MPH, James Rachlin, Michael Tietjen, and Carmelita White.

Guests present – District Government (1): Walter Faggett, M.D. (DYRS, DC Med Chi).

Guests present – Public (9): Aadli Abdul-Karee (CCIN), Lisa Adkins, (Kaiser Permanente), Selwyn Eng (CCIN), Jason Goldwater (Clinovations), Juliette Jardim (Clinovations), Donna Ramos Johnson (DCPCA), Tasnuva Khan (Clinovations), Gina Pistulka (CCIN) and Alan Watson (Consultant).

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:05 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, the board was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the August 21, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the revised minutes will be made available on the DC HIE webpage (www.dchie.dc.gov) under the hyperlink DC HIE Policy Board.
Hospital HIE Connection Program	Mr. Woodson presented the project schedule of the Hospital HIE Connection Program that was shared with ONC. The period for the hospitals to apply for a sub grant through the Department of Health Care Finance ended last Friday. Six (6) out of the eight (8) acute care hospitals in the District submitted applications. Those hospitals are Georgetown University, George Washington, Sibley Memorial, Howard University, and Providence. Children’s National Medical Center reported that they needed a little extra time, so they were

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	<p>given an extension. United Medical Center declined to participate. HIE and DHCF leadership will continue communication with UMC to encourage them to participate.</p> <p>The next phase is to distribute the awards. The HIE team was instructed to use the Notice of Grant Award (NOGA) template that will also be used to pay providers with unpaid claims from Chartered Health Plan. Once the template is received and appropriated for use by the HIE the applications will be executed by the Director Turnage and funds may be distributed to hospitals that applied.</p> <p>Dr. Victor Freeman asked if the proposals could be distributed to the Board. Mr. Woodson stated that he would check with DHCF's Legal Office to see if we can provide this information to the Board.</p>
Public Health Upgrade	<p>Arturo Weldon was unavailable to attend to this meeting. Mr. Woodson stated that what is going to be done with the public health upgrades is going to take place in FY14. There might have been \$400,000 worth of activity that has taken place in FY13 that DOH are using some of their internal funds now, and will backfill with funds from DHCF when they have been transferred. The MOU was signed on July 31, 2013, but actual transfer of funds has not occurred.</p>
CCIN Update; Ideas for Collaboration	<p>Mr. Woodson introduced Gina Pistulka of Capital Clinical Integrated Network (CCIN), who gave a presentation on their operations to date, and how the DC HIE can partner with CCIN.</p> <p>Ms. Pistulka reported that CCIN was awarded \$15 million over three (3) years to create a network of services, both technologically as well as operationally among a group of care providers, which include hospitals, managed care organizations, clinics, in collaboration with the existing governmental services, as well as other organizations. CCIN's vision is to keep the patient in the center, with the overarching aim to improve health, and to decrease cost related to the cost drivers that are associated with care to a specific population of Medicaid beneficiaries in the District. CCIN is not focused on necessarily a specific chronic illness but, a pattern of behaviors that they want to support people by changing and understanding the system so that they are on both the level of the providers, and the patient are receiving the care that they need.</p> <p>She stated that CCIN is doing this through three (3) different objectives. The first objective is to improve the access and coordination of care, which is done through the technology that they are proposing and the partnerships. The second is identifying three (3) illnesses that they will be reporting on (Diabetes, Asthma,</p>

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	<p>and Hypertension). CCIN has another list of other outcomes that they are reporting to CMS on a quarterly basis but, diabetes, asthma, and hypertension are three (3) illnesses they are focused on. The third is to help reduce healthcare costs incurred by CCIN participants over three (3) years.</p> <p>Ms. Pistulka identified some of CCIN’s core partners and subscribers whom they have both started with and have gained as they have been moving along. They include AmeriHealth DC, Trusted, MedStar, Children’s National Medical Center, Providence Hospital, and ambulatory care settings which have been a part of their subscriber committee and helping to guide where they are going. <i>(A full list of CCIN’s partners and subscribers can be found at http://www.maryscenter.org/ccin).</i></p> <p>She specified that CCIN is a subsidiary, but Mary’s Center was awarded the grant funding, and therefore is responsible for the objectives of the grant. However, CCIN has developed their own Board and is applying for a 501(c)(3) status. The subscriber body is a critical body that really works with CCIN on making decisions on the operational level.</p> <p>Ms. Pistulka provided additional discussion regarding CCIN’s care coordination system (Syntranet), which provides connectivity among health care entities; care management services, and; Syntranet/integrated community exchange network, which provides caregivers with clinical decision support/care coordination tools for more effective care and treatment, and provides the backbone of technical infrastructure for leverage by national and State-level initiatives. It also provides a basic level of interoperability among electronic health records (EHRs) maintained by individual physicians and organizations. She also stated that operationally CCIN reports to the Governing Board, the subscriber network. They are working closely with the hospital directors, PCP directors, provider advisory committee, their clinics, and they are operating with an RN community health worker model. She stated that CCIN’s intervention is not to replace any care that is done in the primary care setting. Their primary goal is to link the patient back to their health care setting, to engage them in their own care and to engage them in the care at their ambulatory care setting.</p> <p>Aadli Abdul-Karee, another CCIN representative, discussed some use cases. Mr. Abdul-Karee stated that a use case that CCIN would like to put forth is using the CRISP encounter notification, and having the primary care providers actually receiving those notifications via Direct. He stated that they can do that using the CCIN platform and eHX eHub. The other use case is with Public Health in working with immunizations. He said that being primary care providers and having the eHX eHub and the ability to</p>

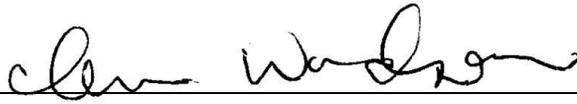
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	<p>extract or have access to those immunization messages, CCIN can push those to the Department of Health (DOH). He also reported that CCIN will be following Maryland’s model to Opt Out, which means that it is an automatic Opt In. He also discussed how the community exchange data flow will work with Direct.</p> <p>In conclusion of CCIN’s presentation, Ms. Pistulka discussed CCIN’s patient selection, expectations of Managed Care Organizations (MCOs); Hospital, and patient centered medical home, physician practices, and ambulatory care settings, and; the benefits for community health centers (CHC’s), hospitals, MCO’s, and patients. She also discussed their outreach regarding participants, which has been one of their major challenges. The three (3) year target was to reach 10,800 people, and to reach a savings of \$17,700,000. CCIN has over 900 patients enrolled. They are looking at more efficient ways to get patients signed on to CCIN.</p> <p>Dr. Victor Freeman asked if CCIN had a website. Ms. Pistulka stated that they do have one. She said that the website is new, and they would like to link their program with some others to have some reference to different agencies. Mr. Woodson offered to check with the appropriate offices within DHCF to see if the CCIN website link can be included on the DC HIE webpage.</p> <p>Dr. Freeman proposed that the Board formally acknowledge CCIN as a key strategic partner of the DC HIE. The Board agreed with Dr. Freeman’s proposal. Dr. Freeman asked if DC HIE could identify CCIN as a key strategic partner on the DC HIE website and/or provide a hyperlink to CCIN. Mr. Woodson agreed to inquire with legal counsel if this was permissible.</p>
<p>Project Update: Strategic, Operating and Sustainability Plan; Evaluation Plan</p>	<p>Cleveland Woodson introduced Jason Goldwater of Clinovations Creative Health Solutions; a firm that has been engaged by the DC HIE to write a Strategic, Operating and Sustainability Plan (SOP), as well as an Evaluation Plan for the HIE.</p> <p>Mr. Goldwater discussed the progress that they have made on the SOPs. He detailed that they have been working on the plans for approximately two (2) months at this point. They have gone through the plans that were developed for DC HIE beginning in 2010, and looked through all of the ONC directives that have been issued since that point in time. He also stated that they have been looking at what has been happening with the DC HIE Program for about the last eighteen (18) months, and have been reconciling all of that information.</p>

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	<p>He reported that looking at what was initially established in the beginning; looking at what ONC is expecting when they turn in the plan this time around; looking at what has transpired over the last eighteen (18) months; and then making sure that they are developing the SOP that conforms to what ONC is expecting. But most importantly, looking at what the DC HIE is expecting.</p> <p>Mr. Goldwater emphasized to the Board that they are in the draft phases. He stated that they have gone through the plans, taken out the materials that are no longer relevant at this point; including the information that ONC is expecting, and then aligning that with what has transpired over the last eighteen (18) months. Clinovations discussed the progress that was made to this point to get input from the Board. He stated that because they have done all of the basic research and reconciliation that they can do, that the feedback that will be received from the Board and the DC HIE Program Management Team is crucial and critical to the completion of the process.</p> <p>He stated that he would be scheduling open forum feedback sessions (one hour blocks) on September 25th and 26th for Board Members to participate in to provide more feedback, and to continue to develop the plan. Board Members will be able to participate in whichever session they decide. Clinovations will schedule individual times to meet with Board members who are unable to participate in both of the scheduled open forum feedback sessions.</p> <p>Mr. Goldwater stated that the timeline for the project so far is that they have had a kick off; identified the stakeholders; document analysis reviewing what had already been done prior to this point; completed initial drafts of the Strategic, Operational, and a very basic Sustainability Plan, and; they continuing to do some research and analysis, but they are really at the point right now where they need stakeholder meetings. He stated that once all of this is done, and they are able to build it into the plan, they should have completed drafts ready for everyone's review so that they can begin to finalize for submission to ONC and finish the project. They expect to finish the project on November 18th. This gives a lot of time to add in a lot of detail which will serve as the foundation not only to carry through until the beginning of next year when the funding ends, but serves as a foundation for more strategic planning to propel the DC HIE after the Cooperative Agreement is completed.</p> <p>There was additional extensive discussion on the Strategic Plan regarding ONC requirements – program information notices (PIN), environmental scan, HIE development and adoption, coordination activities,</p>

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	<p>governance, finance, technical infrastructure, and legal and policy. Discussion on the Operational Plan regarding privacy and security, executing the strategy to support meaningful use, project management plans, architecture and standards, and risk assessment. Also discussion on the Sustainability Plan regarding business drivers, conceptualizing the model, identifying potential revenue sources, financial mechanisms, assessments, and ongoing development, maintenance and expansion of HIE in the District.</p> <p>Mr. Goldwater opened up a few questions to the Board for feedback, based on their knowledge of the HIE and the experience they have. He stated that their feedback would be integrated into the Strategic Plan.</p>
<p>New Business; Subcommittee Reports</p>	<p><u>New Business</u></p> <p><u>DC HIE Webpage Update</u></p> <p>Mr. Woodson stated that the DC HIE Program Management office staff is in the process of updating the language on the webpage. The language that is currently on the webpage references Orion Health because at the time DC HIE thought that it would be procuring advanced services through them. This has to be changed because those plans have changed. A motion was duly made, and properly seconded, and approved to list CCIN as a key strategic partner of the DC HIE. Mr. Woodson acknowledged that he would inquire with legal counsel if it was permissible to list CCIN as a key strategic partner of DC HIE.</p> <p><u>DCHIE Board Proposals for Use of Remaining HIE Grant Funds</u></p> <p>Mr. Woodson stated that there will be some remaining grant funds, even after we do some of the HIE hospital connections and the public health upgrades. Dr. Freeman has compiled suggestions for use of the remaining grant funds from our Board members. Mr. Woodson put together a quick tally sheet that summarizes the different proposals for the Board Members to rank them in order of 1-14. He requested that each member take a tally sheet, complete it, and forward them back by close of business Friday, September 20th via fax, or scan and email to Carmelita White at carmelita.white@dc.gov. Once the results are tallied, we will let you know the number one idea that the Board would like to pursue with the remaining grant funds. We will then work together to develop the project structure around it; then submit it to ONC for approval.</p>

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	<p><u>Subcommittee Reports</u></p> <p>Finance Subcommittee:</p> <p>Dr. Barry Lewis, Chair of the Finance Subcommittee, asked that Michael Tietjen’s report be submitted for the Finance Subcommittee. Mr. Tietjen reported that the Finance Subcommittee reviewed a document from CRISP explaining how they arrived at start up and participation fees for DC Hospitals. He explained that CRISP arrived at a total cost for all DC hospitals by figuring the proportion of DC to Maryland’s statewide population, statewide hospital bed count, and statewide hospital revenue. By using the average of those three (3) proportions, CRISP arrived at a total figure for all DC hospitals. That figure was then further divided among the eight hospitals proportionally based on their revenue. Dr. Freeman and Jamal Chappelle expressed concern that fees were based on bed size and revenue versus utilization.</p>
Next Board Meeting	October 16, 2013, from 2:00-4:00 pm.
Adjournment	Mr. Woodson adjourned the meeting at 4:15 pm.

Approval of Minutes:



 Cleveland Woodson, Chair, DC HIE Policy Board

 10/16/2013
 Date